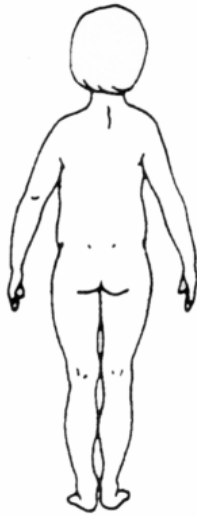


# Physical Description and Medical Information

Please use the following figures and numbered spaces to record the location and type of any distinguishing birthmarks, moles, scars, previously broken bones and prosthetics.



**Front**



**Back**

**Front**

**Back**

- |          |          |
|----------|----------|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |
| 4. _____ | 4. _____ |
| 5. _____ | 5. _____ |

Date: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Eye Color: \_\_\_\_\_

Hair Color: \_\_\_\_\_

Blood Type: \_\_\_\_\_

\_\_\_\_\_

## My Child's Medical Records Are On File With:

Dr. \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (     ) \_\_\_\_\_

## My Child's Dental Records Are On File With:

Dr. \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (     ) \_\_\_\_\_

Place a Recent Photo Here  
(And Update Yearly)

This card was developed for you child's protection. It will assist local, state and federal law enforcement officials to identify your child in a crisis situation. This card is provided in cooperation with your local law enforcement agencies.

Compliments of

**ROBERT "BOB" PACHECO**

Assemblyman, 60th District  
[www.assembly.ca.gov/bpacheco](http://www.assembly.ca.gov/bpacheco)

### District Office

17870 Castleton Street, #205  
City of Industry, CA 91748  
(626) 839-2000

### Capitol Office

State Capitol  
Sacramento, CA 95814  
(916) 319-2060

<div>CHILD IDENTIFICATION</div>				<div>Date of Birth</div>											
				<div>Date</div>											
<div>Signature of Child or Parent/Guardian</div>															
Last Name		First Name		Middle Name		Sex		Race		Hgt.		Hair		Eyes	
										<div>Leave Blank</div>					
Nick Name		Password													
<div>IF YOUR CHILD SHOULD EVER DISAPPEAR, TAKE THIS FINGERPRINT CARD TO YOUR LOCAL POLICE DEPARTMENT AND REQUEST THAT THE CLASSIFICATION BE ENTERED INTO THE FBI'S NATIONAL CRIME INFORMATION CENTER.</div>															
1. Right Thumb		2. Right Index		3. Right Middle		3. Right Ring		3. Right Little							
1. Left Thumb		2. Left Index		3. Left Middle		3. Left Ring		3. Left Little							
Left Four Fingers Taken Simultaneously				Left Thumb		Right Thumb		Right Four Fingers Taken Simultaneously							